## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set furth in IC 5-2-15-3.

Date:	<u>5-12-98</u>	Address:	Co Rd 17 N/O Co Rd 60
Case #:	<u>22-43126</u>		Garrett In 46738
County:	<u>Dekalb</u>		
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only)		Scizure Location (d Residence Outbuilding	☐ Hotel/Motel ☑ Open – No Structure
∑ Dumpsi	le (only)	☐ Vehicle	Other:
(check all th ☐ Lithium ☐ Red Pho ☐ Flamma ☐ Water R ☐ Anhydroch ☐ Hydroch ☐ Corrosiv ☐ Corrosiv	nd: Location (bedroom, kitchen, open ai nat apply)  /Ammonia Reaction(s):  osphorous/lodine Reaction(s):  oble Solvents: strarting fluid  teactive Metal (Lithium):  ous Ammonia: 20 lbs Cylinder  nloric Acid Gas Generator(s):  ye Acid:  ye Base:  tem and location):	r, etc)	
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services  This report is to be faxed to the following agence		Investigative Information  Ephedrine/Pscudoephedrine Tracking Log  Retail/Merchant Tip  Other: Citizen Tip	
	ment: Garrett Fire	Fax: 260-33	
Health Department: Dekalb Co Health		Fax: 260-92	2 <u>5-2090</u>
Child Protec	etion Service:	Fax;	
For further information regarding this methamphetamine laboratory, contact Investigating Officer; Tpr. Rob Smith Phone 260-432-8661			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.